

ISSUE STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO:	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW	ST	1021	1/12/01
RESPONSE FORMALITY REVIEW	RL	1080	02/3/01
			14/25/01

INDEX OF CLAIMS

✓ ..... Rejected  
 - ..... Allowed  
 (Through numeral) ..... Canceled  
 + ..... Restricted  
 N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

Claim	Date
Final Original	
1	1/12/01
2	1/12/01
3	1/12/01
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Claim	Date
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If more than 150 claims or 10 actions  
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